

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



NOTICE OF CHANGE OF ADDRESS



**Personal
Information**

Name _____
Last First MI

Paramedic Number _____



**New or Correct
Residence
Address**

Street Address _____

City, State, Zip _____



**New or Correct
Mailing
Address**

Street Address _____

City, State, Zip _____

**Old
Residence
Address**

Street Address _____

City, State, Zip _____

**Old
Mailing
Address**

Street Address _____

City, State, Zip _____

**PLEASE MAIL OR FAX ADDRESS CHANGE TO:
EMERGENCY MEDICAL SERVICES AUTHORITY**

Attention: Paramedic Licensure Unit
at the address/fax number shown above
or

Email to: LaShawn.Pettit@emsa.ca.gov